



TOPICAL ANTIVIRAL DRUGS PA SUMMARY

PREFERRED	Denavir cream, Zovirax 5% cream/ointment
NON-PREFERRED	Acyclovir 5% ointment, Xerese (acyclovir 5% cream/hydrocortisone 1% cream)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Generic Acyclovir 5% Ointment

- ❖ Submit a written letter of medical necessity stating the reasons that brand-name Zovirax 5% ointment is not appropriate for the member.

For Xerese

- ❖ Submit a written letter of medical necessity stating the reasons that the preferred products, Zovirax 5% cream and hydrocortisone 1% cream (as two separate prescriptions) are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.